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Toll-free: 1.888.773.7748
www.psers.state.pa.us
Fax: 717.772.3860
PSRS-996 (12/2014)

W-4P Federal Tax Withholding Certificate for Annuity Payments



Mail Center

Please read the information on the reverse side and the instructions below before completing this form.

Member Name	
Social Security Number	
Gender	
Date of Birth	

Former Last Name (only if used in this System)	
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Member Address Change	<input type="checkbox"/> Check here if new address
Apt# or Suite	
Delivery Address	
City	
State & Zip Code	
Daytime Phone	
Evening Phone	
Email Address (optional)	

Which monthly pension account(s) does this affect? (check appropriate box(es))

☐ My retirement benefit ☐ Benefit I receive as a survivor annuitant ☐ Divorce Benefit

Federal Income Tax Withholding Information

Complete **ONLY ONE SECTION**, sign and date on the line below.

Section 1 (Do not complete Section 2)

☐ I **DO NOT** want to have Federal Income Tax withheld from my monthly benefit.

OR

Section 2 (Do not complete Section 1)

☐ I want to have Federal Income Tax calculated and withheld using the tax withholding tables as per the following:

- A. **REQUIRED:** Marital Status (check one):
- ☐ Married
☐ Single
☐ Married, but withhold at higher "single" rate

B. **REQUIRED:** Total number of allowances claimed (0-9) _____

OPTIONAL: Amount to withhold in addition to the calculated amount \$_____ (no percentages)

I hereby certify with my signature* that the information listed above is true and accurate and I authorize the Public School Employees' Retirement System (PSERS) to adjust my monthly benefit in accordance to my selection in the Federal Income Tax Withholding section.

Signature _____

Date _____

* Power of Attorney authorization is not recognized until the appropriate documents have been filed and approved by PSERS.

(over)